U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

/3 Head	LY BEFORE PREPARING THIS REPORT.			
E (NIG172005)				
1. File Number U - 118 69	2. Fiscal Year Covered From:			
**************************************	1 / 1 / 2005 Through: 12 / 31 / 31 / 31 / 3005 Through: 12 / 31 / 3005 Through: 12 / 31 / 31 / 3005 Through: 12 / 31 / 3005 Th			
3. Name and address of person filing.	4. Name, file number, and address of labor organization. (See AttAched)			
Name Richard LEdwards	Name Southern Calibornia Pipe Trades			
	Labor Organization File Number 039835			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 223 S, RANCHO Ave.	Street 501 Sharto place 4th floor			
City Colton	city Los Augiles			
State Calibornia ZIP Code +4 92324	State California ZIP Code + 4 90020			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Variable State Control of the C				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4	(винавания на не извольшаем дреў в по пошно и поднаво в паконом до ученом до ченом до ченом до ченом до ченом д			
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this yeport (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed	On 8-12-2005 9098250359  Date Telephone Number			

Name of Person Filing Richard L. Edward	S File N	umber U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Apprentice & Journey wan Transtrust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 18931 Acurel Park RD  City Compton  State California ZIP Code +4 50000	a. Labor Organization b. Trust c. Employer  11.a. Nature of such dealing.				
Name					
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of su 12.a. Nature of interest held or inc Instructor	Ome received.			
		\$ 8930,00			
	12.b. Amount.	<u> </u>			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	parts A and B above)	LB 6 150.CD			
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	parts A and B above)				
or from any labor relations consultant to an employer any payment of money	parts A and B above) or other thing of value.	<u> </u>			
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	parts A and B above) or other thing of value.	<u> </u>			
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	parts A and B above) or other thing of value.	BOTSELO			
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	parts A and B above) or other thing of value.				
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	parts A and B above) or other thing of value.				
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	parts A and B above) or other thing of value.				

Name	٥f	Person	Filing
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## Richard K. Edwards

File Number U-

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise				
8. Name and address of Business (including trade name, if any).  Name Piping Industry Progress & Educator  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street SOI Shatto Place Sente 200  City LOS Angeles  State Coeligannia ZIP Code + 4 90020	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
State ZIP Code + 4 ZIP Code + 4 ZIP Code + 2 ZIP Code + 3	12.a. Nature of interest held or income received.  X-W4S. GIST				
	12.b. Amount.	7			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	and a Marian base forming			
(including trade name, if any).		Webbarra Andrews Company			
Trade Name, if any:		*			
P.O. Box, Bldg., Room No., if any		loop de donne de se			
Street					
City		· · · · · · · · · · · · · · · · · · ·			
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Sugar place and the sufficient			

Name of Person Filling Richard L. Edwards		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MATIMAL LUSPICATION TESTING E CONT	a. Labor Organizati	ion
P.O. Box, Bldg., Room No., if any  Street 501 Shutto Place Suite 20	c. Employer	
City Los Augeles State California ZIP Code + 4 90000		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	And of the second below to the second of the	
Street	11.b. Approximate dollar value	e of such dealing.
City	12.a. Nature of interest held	
State ZIP Code + 4	Ymas gii	0 241-60
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		No. of the second secon
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		

14.b. Amount of payment.

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13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State